

***COUNTY MENTAL HEALTH
PERSPECTIVE ON
MH – PRIMARY CARE INTERFACE AS
PART OF PREVENTION AND EARLY
INTERVENTION COMPONENT***

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WHY MH-PRIMARY CARE TO ADVANCE TRANSFORMATION?

- ❑ Combat stigma
- ❑ Access to Care and Service Availability
- ❑ Holistic Approach/Responsiveness to co-occurring disorders
- ❑ Advances culturally competent care



CHALLENGES AND STRATEGIES IN A MH-PRIMARY CARE MODEL

- Isolation of MH in primary care setting
 - Strat: Ensure mental health is embedded in overall community care approach
 - Strat: Cross training/consult to build capacity to identify, diagnose, plan care and treat for problems in area unfamiliar to a particular profession (physical healthcare, MH and AOD)



CHALLENGES AND STRATEGIES

- Will care lead to positive health outcomes?
 - Advance evidence based practice or best practices
 - (SD example: implementation of Project IMPACT/Project Dulce)
 - Brief therapy models to address depression and anxiety with appropriate application of psychotropic medication (e.g. problem solving therapy)
 - Rely on proven primary care based models for consultation that reduces physical and MH symptoms while encouraging patient/family management of illness

CHALLENGES AND STRATEGIES

- Will transformational features (e.g. “Whatever it takes array of care”; cultural competence; client centered care; training requirements) be cost prohibitive to establish efforts in community care settings?
 - Strat: Rely on individualized care; avoid dropping too many bells and whistles on clients who either don’t require this level of care or do not seek it
 - Strat: Be realistic on numbers of individuals to be seen; get the model going-make adjustments, then take it to greater scale
 - Strat: Counties need to reimburse for non-traditional resources and service activities
 - Strat: Don’t get strung out on MHSA funding only; look to blending other sources (e.g. Research grant funding for Evidence Based Practice)

RECOMMENDATIONS FOR FUTURE PEI GUIDELINES

- ❑ REQUIRE OR STRONGLY ENCOURAGE SOME DEGREE OF PRIMARY/COMMUNITY HEALTHCARE, or PUBLIC HEALTH BASED BEHAVIORAL HEALTH CARE IN LOCAL PLANS
- ❑ REQUIRE SOME LEVEL OF PUBLIC-PRIVATE PARTNERSHIP TO ENSURE THAT GENUINE COMMUNITY BASED RESOURCES ARE PART OF TRANSFORMATION EFFORT IN LOCAL PLANS
- ❑ DEVELOP REGIONAL TA CENTERS TO ADVANCE BEST PRACTICES IN PRIMARY CARE BASED MENTAL HEALTH
- ❑ ENSURE THAT REGIONAL OR STATEWIDE PREVENTION/COMMUNITY EDUCATION EFFORTS TARGET THE COMMUNITY HEALTH/HOSPITAL/PUBLIC HEALTH ARENAS (EG. SUICIDE PREVENTION IN OLDER ADULTS; EARLY CHILDHOOD SIGNS OF BEHAVIORAL OR EMOTIONAL PROBLEMS)